Fill	in this information t	o identify your ca	ase:							
Del	otor 1	Justin Keith	Mayhorn							
	otor 2 buse, if filing)									
Uni	ted States Bankrup	tcy Court for the	MIDDLE DISTRICT O	F NORTH CARO	LINA					
Cas	se number 19-	51346					Cł	neck if this is:		
(If kr	nown)						An amende	d filing		
									-	postpetition chapter llowing date:
O.	fficial Form	<u> 1061</u>						MM / DD/ Y	YYY	
S	chedule I:	Your Inc	ome							12/15
	t 1: Describe	e Employment	On the top of any additi	, 3.1,					,	, 4
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2 or non-filing spouse			
	If you have more		Employment status	■ Employed			☐ Emplo	oyed		
	attach a separate page with information about additional employers.		p.cyc	☐ Not employed			☐ Not employed			
			Occupation							
	Include part-time, self-employed wo		Employer's name	Shuler Trans	portation	n		_		
		tion may include student emaker, if it applies.  Employer's address 240 Ed Sink Road Thomasville, NC 27360								
			How long employed to	nere? 1 Mo	onth			_		
Par	rt 2: Give De	tails About Mor	thly Income							
	mate monthly incouse unless you are		ate you file this form. If	ou have nothing	to report fo	or any	line, w	rite \$0 in the	space. Incl	ude your non-filing
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the inform	ation for all	I emp	loyers	for that perso	n on the lin	es below. If you need
							For I	Debtor 1	For Deb	tor 2 or ng spouse
2.			ry, and commissions (becalculate what the monthle		2.	. \$	3	4,550.00	\$	N/A

0.00

4,550.00

+\$

\$

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Justin Keith Mayhorn	-	Case r	number (if known)	19-513	346	
					Debtor 1	For Debtor 2 or non-filing spouse		
	Сор	by line 4 here	4.	\$	4,550.00	\$	N/A	
5.	List	all payroll deductions:			· · · · · · · · · · · · · · · · · · ·			
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,123.74	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	999.98	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,123.72	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,426.28	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9.  I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	2,426.28 + \$		N/A = \$ 2,426.28	
11.	<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.         Specify:</li></ol>							
12.	<ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</li> </ol>						12. \$ <b>2,426.28</b>	
13.	Do	you expect an increase or decrease within the year after you file this form	?				Combined monthly income	
		No.		L .	htau lutu - 1	4	and mand there are	
	Yes. Explain: Debtor intends to pick up more hours at his current job. Debtor intends to do more part-time work.							

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:							
Deb	tor 1 Justin Keith Mayhorn		Chec	k if this is:				
			An amended filing					
1	tor 2				ving postpetition chapter			
(Spo	ouse, if filing)		•	13 expenses as of t	the following date:			
Unit	ed States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH C	AROLINA	MM / DD / YYYY					
	e number 19-51346 nown)							
O	fficial Form 106J							
S	chedule J: Your Expenses				12/15			
Be info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this famber (if known). Answer every question.							
Par 1.	t 1: Describe Your Household Is this a joint case?							
	■ No. Go to line 2.							
	Yes. Does Debtor 2 live in a separate household?							
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Housel	hold of Debt	or 2				
		Tor Ocparate Floaser	iola oi Debi	JI Z.				
2.	Do you have dependents? ☐ No							
	Do not list Debtor 1 and Debtor 2.  Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?			
	Do not state the				■ No			
	dependents names.	Daughter		2	☐ Yes			
					■ No			
		Son		4	☐ Yes			
					□ No			
					☐ Yes			
					□ No □ Yes			
3.	Do your expenses include ■ No				⊔ Yes			
O.	expenses of people other than yourself and your dependents?							
	t 2: Estimate Your Ongoing Monthly Expenses							
exp	imate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date.							
Inc	lude expenses paid for with non-cash government assistance if	f vou know						
the	value of such assistance and have included it on <i>Schedule I:</i> Y ficial Form 106I.)			Your expe	enses			
	,							
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		0.00			
	If not included in line 4:							
	4a. Real estate taxes		4a. \$		0.00			
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00			
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		10.00			
	4d. Homeowner's association or condominium dues		4d. \$		0.00			
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. \$		0.00			

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Debtor 1J	Justin Keith Mayhorn	Case number (if k	nown) 19-51346
i. <b>Utilities</b> 6a. E	s: Electricity, heat, natural gas	6a. \$	120.00
	Vater, sewer, garbage collection	ба. э — 6b. \$	50.00
		· <u>—</u>	
	elephone, cell phone, Internet, satellite, and cable services	6c. \$	88.00
	Other. Specify:	6d. \$	0.00
	nd housekeeping supplies	7. \$	350.00
	are and children's education costs	8. \$	0.00
	ng, laundry, and dry cleaning	9. \$	15.00
	nal care products and services	10. \$	15.00
	al and dental expenses	11. \$	20.00
	ortation. Include gas, maintenance, bus or train fare.	12. \$	250.00
	include car payments. innment, clubs, recreation, newspapers, magazines, and books	13. \$	
		14. \$	0.00
	able contributions and religious donations	14. Φ	0.00
5. <b>Insura</b> r	nce. include insurance deducted from your pay or included in lines 4 or 20.		
	include insurance deducted from your pay of included in lines 4 of 20.	15a. \$	0.00
	Health insurance	15b. \$	0.00
	/ehicle insurance	15c. \$	80.00
	Other insurance. Specify:	15d. \$	0.00
	· · ·	1Ju. ø	0.00
Specify	Do not include taxes deducted from your pay or included in lines 4 or 20.	16. \$	0.00
	nent or lease payments:		0.00
	Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	ayments of alimony, maintenance, and support that you did not report a		0.00
	ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I		0.00
	payments you make to support others who do not live with you.	,. \$	0.00
Specify		19.	0.00
	real property expenses not included in lines 4 or 5 of this form or on Sc		ome.
	Nortgages on other property	20a. \$	0.00
20b. F	Real estate taxes	20b. \$	0.00
20c. F	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
1. Other:		21. +\$	50.00
. Juiei.	opoony. INISCENDINEOUS	ζι. τψ	30.00
2. Calcula	ate your monthly expenses		
22a. Ad	dd lines 4 through 21.	\$_	1,048.00
22b. Co	ppy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2   \$ -	
22c. Ad	ld line 22a and 22b. The result is your monthly expenses.	\$	1,048.00
	• • • •		1,040100
	ate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,426.28
23b. C	Copy your monthly expenses from line 22c above.	23b\$	1,048.00
	Subtract your monthly expenses from your monthly income.	23c. \$	1,378.28
Т	The result is your monthly net income.	23c. \$	1,370.20
4 Da.	avnest on increase or decrease in	van fila 45 ia farres	
	expect an increase or decrease in your expenses within the year after mple, do you expect to finish paying for your car loan within the year or do you expect you		
	tion to the terms of your mortgage?	our mortgage paymen	to morease or decrease because of d
5454			
■ No.			